

CHARLES COUNTY HEALTH BENEFITS PROGRAM

Premiums effective for July 1, 2018 - June 30, 2019 Plan Year

COVERAGE LEVEL	CareFirst BlueChoice Advantage & Select Vision	CareFirst Blue Choice HMO Open Access & Select Vision	CareFirst PPO Dental	Delta Dental
EMPLOYEE SEMI-MONTHLY PREMIUM				
Individual	\$111.47	\$74.92	\$6.17	\$5.44
Parent & Child	\$193.66	\$142.37	\$9.43	\$8.65
Employee & Spouse	\$231.96	\$172.32	\$14.16	\$12.83
Family	\$272.70	\$224.77	\$18.52	\$16.67